

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	1						51							
2		1					52							
3		1					53							
4		1					54							
5		4					55							
6		4					56							
7		4					57							
8		4					58							
9	1						59							
10		1					60							
11		1					61							
12		1					62							
13		1					63							
14		1					64							
15	1	1					65							
16		1					66							
17		1					67							
18		2					68							
19		3					69							
20		2					70							
21		3					71							
22		2					72							
23		3					73							
24		2					74							
25		3					75							
26		3					76							
27	1						77							
28							78							
29							79							
30							80							
31							81							
32							82							
33							83							
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35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	4						TOTAL IND.							
TOTAL DEP.	48						TOTAL DEP.							
TOTAL CLAIMS	52						TOTAL CLAIMS							